

**MEDI-CAL
NOVEMBER 2007
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2007-08 and 2008-09**

BUDGET YEAR

Fiscal Forecasting and Data Management Branch
State Department of Health Care Services
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2008-09

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. B/Y FFS BASE	\$16,830,991,590	\$8,415,495,800	\$8,415,495,800
B. B/Y NON-FFS BASE	\$15,057,979,000	\$9,393,822,500	\$5,664,156,500
C. BASE ADJUSTMENTS	-\$244,931,000	-\$288,505,300	\$43,574,300
D. ADJUSTED BASE	<u>\$31,644,039,600</u>	<u>\$17,520,813,000</u>	<u>\$14,123,226,600</u>
II. POLICY CHANGES			
A. ELIGIBILITY	\$462,806,200	\$230,493,920	\$232,312,280
B. BENEFITS	-\$253,742,930	\$82,715,280	-\$336,458,210
C. PHARMACY	-\$1,225,672,830	-\$619,886,810	-\$605,786,010
D. MANAGED CARE	\$101,289,000	\$50,644,500	\$50,644,500
E. PROVIDER RATES	-\$936,438,910	-\$442,041,150	-\$494,397,750
F. HOSPITAL FINANCING	\$3,241,891,000	\$2,766,370,500	\$475,520,500
G. SUPPLEMENTAL PMNTS.	\$501,084,000	\$368,892,000	\$132,192,000
H. OTHER	-\$416,239,920	-\$390,008,960	-\$26,230,960
I. TOTAL CHANGE	<u>\$1,474,975,610</u>	<u>\$2,047,179,280</u>	<u>-\$572,203,670</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$33,119,015,210</u></u>	<u><u>\$19,567,992,280</u></u>	<u><u>\$13,551,022,930</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$440,681,000	\$308,273,400	\$132,407,600
2	BREAST AND CERVICAL CANCER TREATMENT	\$131,956,000	\$69,989,400	\$61,966,600
3	CHDP GATEWAY - PREENROLLMENT	\$18,678,000	\$12,140,700	\$6,537,300
4	BRIDGE TO HFP	\$18,908,000	\$12,290,200	\$6,617,800
5	REFUGEES	\$6,442,000	\$0	\$6,442,000
6	PE FOR HFP DISENROLLEES	\$5,166,080	\$2,583,040	\$2,583,040
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP (\$928,950	\$464,480	\$464,470
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$750,000
9	BCCTP RETROACTIVE COVERAGE	\$7,820	\$5,090	\$2,740
10	SB 437 - SELF-CERTIFICATION	\$22,848,710	\$11,424,360	\$11,424,360
13	STATE-FUNDED KINGAP	\$0	-\$35,000	\$35,000
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	-\$129,893,000	\$129,893,000
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$34,656,450	-\$34,656,450
145	REINSTATE QUARTERLY STATUS REPORTS FOR PA	-\$17,247,000	-\$8,623,500	-\$8,623,500
146	REDUCE CEC AND RESTORE QUARTERLY STATUS F	-\$167,063,360	-\$83,531,680	-\$83,531,680
	ELIGIBILITY SUBTOTAL	\$462,806,200	\$230,493,930	\$232,312,280
BENEFITS				
18	ADULT DAY HEALTH CARE - CDA	\$407,265,000	\$203,632,500	\$203,632,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$175,000,000	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
21	HUMAN PAPILLOMAVIRUS VACCINE	\$4,796,130	\$2,398,070	\$2,398,070
22	PRENATAL SCREENING EXPANSION	\$418,380	\$209,190	\$209,190
23	HOME TOCOLYTIC THERAPY	\$4,299,060	\$2,149,530	\$2,149,530
24	CONLAN V. BONTA	\$3,896,000	\$1,948,000	\$1,948,000
25	NEWBORN HEARING SCREENS EXPANSION	\$2,572,180	\$1,286,090	\$1,286,090
26	GENETIC DISEASE TESTING FEE INCREASE	\$141,080	\$70,540	\$70,540
27	NF A/B LEVEL OF CARE GROWTH	\$3,120,000	\$1,560,000	\$1,560,000
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$7,175,000	\$7,175,000	\$0
29	MONEY FOLLOWS THE PERSON DEMONSTRATION C	\$4,063,000	\$2,985,500	\$1,077,500
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$32,240	\$16,120	\$16,120
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,056,500	\$4,056,500
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$114,651,750	-\$114,651,750
34	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-\$4,182,000	-\$2,091,000	-\$2,091,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	\$201,000	\$100,500	\$100,500
36	ADULT DAY HEALTH CARE REFORMS	-\$9,544,080	-\$4,772,040	-\$4,772,040
136	UNSPECIFIED BUDGET REDUCTION	-\$644,900,000	-\$313,000,000	-\$331,900,000
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	-\$900,000	-\$450,000	-\$450,000

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<u>BENEFITS</u>				
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	-\$757,120	-\$378,560	-\$378,560
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$5,679,740	-\$2,839,870	-\$2,839,870
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	-\$502,660	-\$251,330	-\$251,330
150	DISCONTINUE ADULT PODIATRY SERVICES	-\$3,383,300	-\$1,691,650	-\$1,691,650
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST S	-\$2,070,000	-\$1,035,000	-\$1,035,000
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVI	-\$12,319,100	-\$6,159,550	-\$6,159,550
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	-\$3,100,000	-\$1,550,000	-\$1,550,000
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$229,900,000	-\$114,950,000	-\$114,950,000
	BENEFITS SUBTOTAL	-\$253,742,930	\$82,715,290	-\$336,458,220
<u>PHARMACY</u>				
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$1,327,500	\$1,327,500
38	NON FFP DRUGS	\$0	-\$487,000	\$487,000
39	ENTERAL NUTRITION PRODUCTS	-\$9,879,680	-\$4,939,840	-\$4,939,840
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,478,350	-\$2,239,170	-\$2,239,170
41	MEDICAL SUPPLY CONTRACTING	-\$6,019,300	-\$3,009,650	-\$3,009,650
42	MEDICAL SUPPLY REBATES	-\$5,500,000	-\$2,750,000	-\$2,750,000
43	DRUG REIMBURSEMENT REDUCTION	-\$4,668,500	-\$2,334,250	-\$2,334,250
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,514,000	-\$4,486,000
45	FAMILY PACT DRUG REBATES	-\$34,047,000	-\$20,279,400	-\$13,767,600
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$20,250,400	-\$19,749,600
47	STATE SUPPLEMENTAL DRUG REBATES	-\$355,081,000	-\$178,092,900	-\$176,988,100
48	FEDERAL DRUG REBATE PROGRAM	-\$747,629,000	-\$374,977,700	-\$372,651,300
153	DISCONTINUE ADULT INCONTINENCE CREAMS & W/	-\$9,370,000	-\$4,685,000	-\$4,685,000
	PHARMACY SUBTOTAL	-\$1,225,672,830	-\$619,886,820	-\$605,786,010
<u>MANAGED CARE</u>				
54	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$86,816,000	\$43,408,000	\$43,408,000
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,606,000	\$1,303,000	\$1,303,000
58	MANAGED CARE EXPANSION - MARIN	\$2,146,000	\$1,073,000	\$1,073,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$4,000,000
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$3,246,500
62	MANAGED CARE EXPANSION - PLACER	\$280,000	\$140,000	\$140,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	\$0	\$0	\$0
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES	-\$5,052,000	-\$2,526,000	-\$2,526,000
	MANAGED CARE SUBTOTAL	\$101,289,000	\$50,644,500	\$50,644,500
<u>PROVIDER RATES</u>				
68	NF-B RATE CHANGES AND QA FEE	\$186,384,350	\$93,192,180	\$93,192,180
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$5,254,190	\$2,627,090	\$2,627,090

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROVIDER RATES				
70	LTC RATE ADJUSTMENT	\$58,581,960	\$29,290,980	\$29,290,980
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$47,182,800	\$23,591,400	\$23,591,400
72	HOSPICE RATE INCREASES	\$14,837,060	\$7,418,530	\$7,418,530
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$8,846,460	\$4,423,230	\$4,423,230
74	DME REIMBURSEMENT CHANGES	\$1,246,710	\$623,350	\$623,350
137	FAMILY PLANNING RATE INCREASE	\$126,796,000	\$93,176,300	\$33,619,700
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$1,212,000,000	-\$609,600,000	-\$602,400,000
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	-\$113,502,740	-\$56,751,370	-\$56,751,370
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	-\$60,065,690	-\$30,032,840	-\$30,032,840
	PROVIDER RATES SUBTOTAL	-\$936,438,910	-\$442,041,150	-\$494,397,760
HOSPITAL FINANCING				
75	HOSP FINANCING - DSH PMT	\$1,617,708,000	\$1,032,579,500	\$585,128,500
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$477,742,000	\$238,871,000	\$238,871,000
77	HOSP FINANCING - SAFETY NET CARE POOL	\$407,821,000	\$407,821,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$274,386,000	\$137,193,000	\$137,193,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$86,788,000	\$86,788,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$180,000,000	\$180,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$24,200,000	\$12,100,000	\$12,100,000
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$98,975,000	\$98,975,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$14,812,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$21,606,000	\$21,606,000	\$0
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$26,000,000	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$48,291,000	\$24,145,500	\$24,145,500
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
88	HOSP FINANCING - MIA LTC	\$0	\$18,450,000	-\$18,450,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$488,429,500	-\$488,429,500
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	-\$7,750,000	\$0	-\$7,750,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT	-\$47,300,000	-\$23,300,000	-\$24,000,000
	HOSPITAL FINANCING SUBTOTAL	\$3,241,891,000	\$2,766,370,500	\$475,520,500
SUPPLEMENTAL PMNTS.				
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,854,000	\$52,927,000	\$50,927,000
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$130,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
95	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$65,000,000	\$65,000,000	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$22,265,000
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$39,700,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2008-09

<u>POLICY CHG. NO.</u>	<u>CATEGORY & TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	SUPPLEMENTAL PMNTS.			
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$501,084,000	\$368,892,000	\$132,192,000
	OTHER			
111	HEALTHY FAMILIES - CDMH	\$28,071,000	\$28,071,000	\$0
115	MINOR CONSENT SETTLEMENT	\$8,728,000	\$0	\$8,728,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
121	ESTATE RECOVERY REGULATIONS	\$0	\$0	\$0
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	\$6,000,000	-\$6,000,000
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$52,000,000	\$52,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$29,929,390	-\$14,964,690	-\$14,964,690
130	MEDICAL SUPPORT ENHANCEMENTS	-\$2,005,390	-\$1,002,700	-\$1,002,700
131	ENHANCED RECOVERIES GENERATED BY DRA OF 2	-\$1,986,000	-\$993,000	-\$993,000
133	EDS COST CONTAINMENT PROJECTS	-\$2,680,510	-\$1,340,260	-\$1,340,260
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$51,116,630	-\$25,558,320	-\$25,558,320
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$44,000,000	\$44,000,000	\$0
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$100,200,000	-\$50,100,000	-\$50,100,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC.	-\$201,579,000	-\$201,579,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-C	-\$6,063,000	-\$6,063,000	\$0
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC	-\$7,258,000	-\$7,258,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	-\$95,221,000	-\$95,221,000	\$0
	OTHER SUBTOTAL	-\$416,239,920	-\$390,008,960	-\$26,230,960
	GRAND TOTAL	\$1,474,975,620	\$2,047,179,280	-\$572,203,670

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2008-09

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$3,994,667,230	\$2,193,411,800	\$1,801,255,440
PHYSICIANS	\$1,260,168,200	\$693,811,350	\$566,356,850
OTHER MEDICAL	\$1,943,922,140	\$1,010,992,160	\$932,929,990
COUNTY OUTPATIENT	\$199,273,760	\$155,707,880	\$43,565,880
COMMUNITY OUTPATIENT	\$591,303,130	\$332,900,410	\$258,402,720
PHARMACY	\$1,680,726,620	\$815,965,070	\$864,761,550
HOSPITAL INPATIENT	\$7,653,854,600	\$4,815,191,170	\$2,838,663,430
COUNTY INPATIENT	\$2,415,729,050	\$1,900,921,130	\$514,807,920
COMMUNITY INPATIENT	\$5,238,125,550	\$2,914,270,040	\$2,323,855,510
LONG TERM CARE	\$4,285,050,160	\$2,143,933,320	\$2,141,116,840
NURSING FACILITIES	\$3,876,794,170	\$1,940,461,900	\$1,936,332,270
ICF-DD	\$408,255,980	\$203,471,420	\$204,784,570
OTHER SERVICES	\$1,314,669,730	\$729,987,650	\$584,682,080
MEDICAL TRANSPORTATION	\$125,636,320	\$57,897,850	\$67,738,470
OTHER SERVICES	\$1,035,758,590	\$595,884,720	\$439,873,870
HOME HEALTH	\$153,274,830	\$76,205,090	\$77,069,740
TOTAL FEE-FOR-SERVICE	\$18,928,968,350	\$10,698,489,010	\$8,230,479,330
MANAGED CARE	\$5,720,310,990	\$2,849,989,770	\$2,870,321,220
TWO PLAN MODEL	\$3,116,779,070	\$1,552,914,730	\$1,563,864,340
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,827,605,930	\$910,418,100	\$917,187,830
GEOGRAPHIC MANAGED CARE	\$459,425,610	\$230,126,120	\$229,299,480
PHP & OTHER MANAG. CARE	\$316,500,390	\$156,530,820	\$159,969,570
DENTAL	\$316,138,870	\$148,497,580	\$167,641,290
MENTAL HEALTH	\$1,326,837,000	\$1,326,837,000	\$0
AUDITS/ LAWSUITS	\$11,593,000	-\$51,067,500	\$62,660,500
EPSDT SCREENS	\$54,596,400	\$28,122,110	\$26,474,280
MEDICARE PAYMENTS	\$3,268,024,000	\$930,133,000	\$2,337,891,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,612,000	\$247,612,000	\$0
MISC. SERVICES	\$3,541,026,000	\$3,527,494,000	\$13,532,000
RECOVERIES	-\$296,091,390	-\$138,114,700	-\$157,976,700
GRAND TOTAL MEDI-CAL	\$33,119,015,210	\$19,567,992,280	\$13,551,022,930

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

SERVICE CATEGORY	NOV. 2007 EST. FOR 2007-08	NOV. 2007 EST. FOR 2008-09	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$4,236,262,840	\$3,994,667,230	-\$241,595,600	-5.70
PHYSICIANS	\$1,411,209,810	\$1,260,168,200	-\$151,041,620	-10.70
OTHER MEDICAL	\$1,996,609,480	\$1,943,922,140	-\$52,687,330	-2.64
COUNTY OUTPATIENT	\$206,521,010	\$199,273,760	-\$7,247,240	-3.51
COMMUNITY OUTPATIENT	\$621,922,540	\$591,303,130	-\$30,619,410	-4.92
PHARMACY	\$1,793,717,090	\$1,680,726,620	-\$112,990,470	-6.30
HOSPITAL INPATIENT	\$7,749,789,150	\$7,653,854,600	-\$95,934,550	-1.24
COUNTY INPATIENT	\$2,417,218,090	\$2,415,729,050	-\$1,489,040	-0.06
COMMUNITY INPATIENT	\$5,332,571,060	\$5,238,125,550	-\$94,445,510	-1.77
LONG TERM CARE	\$4,162,185,360	\$4,285,050,160	\$122,864,800	2.95
NURSING FACILITIES	\$3,763,796,810	\$3,876,794,170	\$112,997,360	3.00
ICF-DD	\$398,388,550	\$408,255,980	\$9,867,430	2.48
OTHER SERVICES	\$1,372,752,030	\$1,314,669,730	-\$58,082,300	-4.23
MEDICAL TRANSPORTATION	\$138,053,800	\$125,636,320	-\$12,417,480	-8.99
OTHER SERVICES	\$1,068,927,110	\$1,035,758,590	-\$33,168,520	-3.10
HOME HEALTH	\$165,771,120	\$153,274,830	-\$12,496,290	-7.54
TOTAL FEE-FOR-SERVICE	\$19,314,706,470	\$18,928,968,350	-\$385,738,130	-2.00
MANAGED CARE	\$6,061,854,310	\$5,720,310,990	-\$341,543,320	-5.63
TWO PLAN MODEL	\$3,373,796,000	\$3,116,779,070	-\$257,016,930	-7.62
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,844,802,860	\$1,827,605,930	-\$17,196,930	-0.93
GEOGRAPHIC MANAGED CARE	\$537,252,590	\$459,425,610	-\$77,826,990	-14.49
PHP & OTHER MANAG. CARE	\$306,002,850	\$316,500,390	\$10,497,530	3.43
DENTAL	\$556,490,850	\$316,138,870	-\$240,351,990	-43.19
MENTAL HEALTH	\$1,227,855,000	\$1,326,837,000	\$98,982,000	8.06
AUDITS/ LAWSUITS	\$14,808,000	\$11,593,000	-\$3,215,000	-21.71
EPSDT SCREENS	\$61,501,020	\$54,596,400	-\$6,904,620	-11.23
MEDICARE PAYMENTS	\$3,203,713,000	\$3,268,024,000	\$64,311,000	2.01
STATE HOSP./DEVELOPMENTAL CNTRS.	\$322,491,000	\$247,612,000	-\$74,879,000	-23.22
MISC. SERVICES	\$3,510,668,000	\$3,541,026,000	\$30,358,000	0.86
RECOVERIES	-\$290,936,830	-\$296,091,390	-\$5,154,560	1.77
GRAND TOTAL MEDI-CAL	\$33,983,150,820	\$33,119,015,210	-\$864,135,610	-2.54
STATE FUNDS	\$13,991,213,770	\$13,551,022,930	-\$440,190,840	-3.15

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	ELIGIBILITY						
1	FAMILY PLANNING INITIATIVE	\$432,110,000	\$129,831,900	\$440,681,000	\$132,407,600	\$8,571,000	\$2,575,700
2	BREAST AND CERVICAL CANCER TREATMENT	\$125,395,000	\$56,325,350	\$131,956,000	\$61,966,600	\$6,561,000	\$5,641,250
3	CHDP GATEWAY - PREENROLLMENT	\$18,678,000	\$6,537,300	\$18,678,000	\$6,537,300	\$0	\$0
4	BRIDGE TO HFP	\$14,315,000	\$5,010,250	\$18,908,000	\$6,617,800	\$4,593,000	\$1,607,550
5	REFUGEES	\$5,846,000	\$5,846,000	\$6,442,000	\$6,442,000	\$596,000	\$596,000
6	PE FOR HFP DISENROLLEES	\$2,392,820	\$1,196,410	\$5,166,080	\$2,583,040	\$2,773,260	\$1,386,630
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$4,997,740	\$2,498,870	\$5,079,000	\$2,539,500	\$81,260	\$40,630
8	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0
9	BCCTP RETROACTIVE COVERAGE	\$111,760	\$39,120	\$170,060	\$59,520	\$58,300	\$20,410
10	SB 437 - SELF-CERTIFICATION	\$0	\$0	\$22,848,710	\$11,424,360	\$22,848,710	\$11,424,360
13	STATE-FUNDED KINGAP	\$0	\$0	\$0	\$35,000	\$0	\$35,000
15	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
16	NEW QUALIFIED ALIENS	\$0	\$113,334,500	\$0	\$129,893,000	\$0	\$16,558,500
17	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$28,174,050	\$0	-\$34,656,450	\$0	-\$6,482,400
145	REINSTATE QUARTERLY STATUS REPORTS FOR PARE	\$0	\$0	-\$17,247,000	-\$8,623,500	-\$17,247,000	-\$8,623,500
146	REDUCE CEC AND RESTORE QUARTERLY STATUS REI	\$0	\$0	-\$167,063,360	-\$83,531,680	-\$167,063,360	-\$83,531,680
	ELIGIBILITY SUBTOTAL	\$605,346,310	\$293,195,640	\$467,118,490	\$234,444,090	-\$138,227,830	-\$58,751,560
	BENEFITS						
18	ADULT DAY HEALTH CARE - CDA	\$387,644,000	\$193,822,000	\$407,265,000	\$203,632,500	\$19,621,000	\$9,810,500
19	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$0	\$175,000,000	\$0	\$0	\$0
20	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
21	HUMAN PAPILLOMAVIRUS VACCINE	\$10,831,460	\$5,415,730	\$11,474,000	\$5,737,000	\$642,540	\$321,270
22	PRENATAL SCREENING EXPANSION	\$8,990,210	\$4,495,110	\$9,155,000	\$4,577,500	\$164,790	\$82,400
23	HOME TOCOLYTIC THERAPY	\$2,055,630	\$1,027,810	\$4,299,060	\$2,149,530	\$2,243,440	\$1,121,720
24	CONLAN V. BONTA	\$4,023,000	\$2,011,500	\$3,896,000	\$1,948,000	-\$127,000	-\$63,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	BENEFITS						
25	NEWBORN HEARING SCREENS EXPANSION	\$903,140	\$451,570	\$2,572,180	\$1,286,090	\$1,669,040	\$834,520
26	GENETIC DISEASE TESTING FEE INCREASE	\$3,031,430	\$1,515,720	\$3,087,000	\$1,543,500	\$55,570	\$27,780
27	NF A/B LEVEL OF CARE GROWTH	\$615,000	\$307,500	\$3,120,000	\$1,560,000	\$2,505,000	\$1,252,500
28	SELF-DIRECTED SERVICES WAIVER - CDDS	\$148,000	\$0	\$7,175,000	\$0	\$7,027,000	\$0
29	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$87,000	\$22,000	\$4,063,000	\$1,077,500	\$3,976,000	\$1,055,500
30	NEW SERVICES FOR NF/AH & IHO WAIVERS	\$240,310	\$120,160	\$248,000	\$124,000	\$7,690	\$3,840
31	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,056,500	\$0	\$4,056,500	\$0	\$0
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$0
33	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$128,824,800	\$0	-\$114,651,750	\$0	\$14,173,050
34	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-\$112,000	-\$56,000	-\$4,182,000	-\$2,091,000	-\$4,070,000	-\$2,035,000
35	EXPANSION OF NF/AH WAIVER (SB 643)	-\$1,230,000	-\$615,000	\$201,000	\$100,500	\$1,431,000	\$715,500
36	ADULT DAY HEALTH CARE REFORMS	-\$6,060,760	-\$3,030,380	-\$9,544,080	-\$4,772,040	-\$3,483,320	-\$1,741,660
136	UNSPECIFIED BUDGET REDUCTION	-\$254,534,000	-\$136,717,500	-\$644,900,000	-\$331,900,000	-\$390,366,000	-\$195,182,500
143	DISCONTINUE ADULT SPEECH THERAPY SERVICES	\$0	\$0	-\$900,000	-\$450,000	-\$900,000	-\$450,000
144	DISCONTINUE ADULT CHIROPRACTIC SERVICES	\$0	\$0	-\$757,120	-\$378,560	-\$757,120	-\$378,560
148	DISCONTINUE ADULT ACUPUNCTURE SERVICES	-\$54,860	-\$27,430	-\$5,679,740	-\$2,839,870	-\$5,624,880	-\$2,812,440
149	DISCONTINUE ADULT PSYCHOLOGY SERVICES	\$0	\$0	-\$502,660	-\$251,330	-\$502,660	-\$251,330
150	DISCONTINUE ADULT PODIATRY SERVICES	\$0	\$0	-\$3,383,300	-\$1,691,650	-\$3,383,300	-\$1,691,650
154	DISCONTINUE ADULT OPTOMETRY/OPTOMETRIST SE	\$0	\$0	-\$2,070,000	-\$1,035,000	-\$2,070,000	-\$1,035,000
155	DISCONTINUE ADULT OPTICIAN/OPTICAL LAB SERVICE	\$0	\$0	-\$12,319,100	-\$6,159,550	-\$12,319,100	-\$6,159,550
156	DISCONTINUE ADULT AUDIOLOGY SERVICES	\$0	\$0	-\$3,100,000	-\$1,550,000	-\$3,100,000	-\$1,550,000
157	DISCONTINUE ADULT OPTIONAL DENTAL SERVICES	-\$19,158,000	-\$9,579,000	-\$229,900,000	-\$114,950,000	-\$210,742,000	-\$105,371,000
	BENEFITS SUBTOTAL	\$362,935,550	-\$37,846,520	-\$235,166,760	-\$327,170,130	-\$598,102,310	-\$289,323,610
	PHARMACY						
37	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$1,251,000	\$0	\$1,327,500	\$0	\$76,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PHARMACY						
38	NON FFP DRUGS	\$0	\$545,000	\$0	\$487,000	\$0	-\$58,000
39	ENTERAL NUTRITION PRODUCTS	-\$4,622,400	-\$2,311,200	-\$13,379,850	-\$6,689,930	-\$8,757,450	-\$4,378,730
40	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$5,192,710	-\$2,596,350	-\$8,378,570	-\$4,189,290	-\$3,185,870	-\$1,592,930
41	MEDICAL SUPPLY CONTRACTING	-\$5,978,620	-\$2,989,310	-\$9,978,950	-\$4,989,470	-\$4,000,330	-\$2,000,160
42	MEDICAL SUPPLY REBATES	-\$4,000,000	-\$2,000,000	-\$5,500,000	-\$2,750,000	-\$1,500,000	-\$750,000
43	DRUG REIMBURSEMENT REDUCTION	\$0	\$0	-\$4,668,500	-\$2,334,250	-\$4,668,500	-\$2,334,250
44	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,486,000	-\$9,000,000	-\$4,486,000	\$0	\$0
45	FAMILY PACT DRUG REBATES	-\$32,734,000	-\$13,236,500	-\$34,047,000	-\$13,767,600	-\$1,313,000	-\$531,100
46	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,749,600	-\$40,000,000	-\$19,749,600	\$0	\$0
47	STATE SUPPLEMENTAL DRUG REBATES	-\$320,366,000	-\$159,684,600	-\$355,081,000	-\$176,988,100	-\$34,715,000	-\$17,303,500
48	FEDERAL DRUG REBATE PROGRAM	-\$674,535,000	-\$336,217,900	-\$747,629,000	-\$372,651,300	-\$73,094,000	-\$36,433,400
153	DISCONTINUE ADULT INCONTINENCE CREAMS & WASI	-\$780,000	-\$390,000	-\$9,370,000	-\$4,685,000	-\$8,590,000	-\$4,295,000
	PHARMACY SUBTOTAL	-\$1,097,208,720	-\$541,865,460	-\$1,237,032,870	-\$611,466,030	-\$139,824,140	-\$69,600,570
	MANAGED CARE						
54	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$66,362,000	\$33,181,000	\$86,816,000	\$43,408,000	\$20,454,000	\$10,227,000
57	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$11,179,000	\$5,589,500	\$2,606,000	\$1,303,000	-\$8,573,000	-\$4,286,500
58	MANAGED CARE EXPANSION - MARIN	\$9,233,000	\$4,616,500	\$2,146,000	\$1,073,000	-\$7,087,000	-\$3,543,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
60	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$886,000	\$443,000	\$6,493,000	\$3,246,500	\$5,607,000	\$2,803,500
62	MANAGED CARE EXPANSION - PLACER	\$2,311,000	\$1,155,500	\$280,000	\$140,000	-\$2,031,000	-\$1,015,500
64	MANAGED CARE NEW QUALIFIED ALIENS ADJUSTMEN	\$0	-\$29,869,600	\$0	\$0	\$0	\$29,869,600
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS	\$0	\$823,000	\$0	\$0	\$0	-\$823,000
66	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
67	SBRHA CARVE-OUT OF AIDS DRUGS	-\$53,000	-\$26,500	\$0	\$0	\$53,000	\$26,500
162	REDUCTION TO MULTIPURPOSE SENIOR SERVICES PF	\$0	\$0	-\$5,052,000	-\$2,526,000	-\$5,052,000	-\$2,526,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	MANAGED CARE						
	MANAGED CARE SUBTOTAL	\$97,918,000	\$19,912,400	\$101,289,000	\$50,644,500	\$3,371,000	\$30,732,100
	PROVIDER RATES						
68	NF-B RATE CHANGES AND QA FEE	\$65,435,940	\$32,717,970	\$186,384,350	\$93,192,180	\$120,948,410	\$60,474,200
69	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$41,057,000	\$20,528,500	\$8,676,000	\$4,338,000	-\$32,381,000	-\$16,190,500
70	LTC RATE ADJUSTMENT	\$16,879,100	\$8,439,550	\$58,581,960	\$29,290,980	\$41,702,860	\$20,851,430
71	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$44,835,830	\$22,417,920	\$47,182,790	\$23,591,400	\$2,346,960	\$1,173,480
72	HOSPICE RATE INCREASES	\$7,743,880	\$3,871,940	\$15,027,910	\$7,513,960	\$7,284,030	\$3,642,020
73	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$4,973,530	\$2,486,770	\$8,846,460	\$4,423,230	\$3,872,930	\$1,936,460
74	DME REIMBURSEMENT CHANGES	\$8,125,560	\$4,062,780	\$9,194,000	\$4,597,000	\$1,068,440	\$534,220
137	FAMILY PLANNING RATE INCREASE	\$28,041,000	\$6,059,000	\$126,796,000	\$33,619,700	\$98,755,000	\$27,560,700
147	REDUCTION TO PROVIDER PAYMENTS BY 10%	-\$66,826,000	-\$33,433,000	-\$1,212,000,000	-\$602,400,000	-\$1,145,174,000	-\$568,967,000
151	REDUCTION TO LTC PROVIDER PAYMENTS BY 10%	\$0	\$0	-\$113,502,740	-\$56,751,370	-\$113,502,740	-\$56,751,370
158	REDUCTION TO NON-CONTRACT HOSP BY 10%	\$0	\$0	-\$60,065,690	-\$30,032,840	-\$60,065,690	-\$30,032,840
	PROVIDER RATES SUBTOTAL	\$150,265,850	\$67,151,420	-\$924,878,940	-\$488,617,770	-\$1,075,144,790	-\$555,769,200
	HOSPITAL FINANCING						
75	HOSP FINANCING - DSH PMT	\$1,617,872,000	\$585,722,500	\$1,617,708,000	\$585,128,500	-\$164,000	-\$594,000
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT	\$485,949,000	\$242,974,500	\$477,742,000	\$238,871,000	-\$8,207,000	-\$4,103,500
77	HOSP FINANCING - SAFETY NET CARE POOL	\$461,181,000	\$0	\$407,821,000	\$0	-\$53,360,000	\$0
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$284,284,000	\$142,142,000	\$274,386,000	\$137,193,000	-\$9,898,000	-\$4,949,000
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$226,721,000	\$0	\$86,788,000	\$0	-\$139,933,000	\$0
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$135,000,000	\$0	\$180,000,000	\$0	\$45,000,000	\$0
81	HOSP FINANCING - STABILIZATION FUNDING	\$100,903,000	\$50,451,500	\$24,200,000	\$12,100,000	-\$76,703,000	-\$38,351,500
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$80,396,000	\$0	\$98,975,000	\$0	\$18,579,000	\$0
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$64,998,000	\$32,499,000	\$29,624,000	\$14,812,000	-\$35,374,000	-\$17,687,000
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$43,211,000	\$0	\$21,606,000	\$0	-\$21,605,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>HOSPITAL FINANCING</u>						
85	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$26,000,000	\$0	\$0	\$0
86	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$9,337,000	\$4,668,500	\$48,291,000	\$24,145,500	\$38,954,000	\$19,477,000
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$4,298,000	\$2,149,000	\$3,800,000	\$1,900,000	-\$498,000	-\$249,000
88	HOSP FINANCING - MIA LTC	\$0	-\$14,743,000	\$0	-\$18,450,000	\$0	-\$3,707,000
89	HOSP FINANCING - BCCTP	\$0	\$0	\$0	\$0	\$0	\$0
90	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$375,315,500	\$0	-\$488,429,500	\$0	-\$113,114,000
91	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	-\$30,528,000	\$0	\$0	\$30,528,000	\$30,528,000
152	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10%	\$0	\$0	-\$7,750,000	-\$7,750,000	-\$7,750,000	-\$7,750,000
159	REDUCTION TO PRIVATE AND NDPH DSH PAYMENT BY	\$0	\$0	-\$47,300,000	-\$24,000,000	-\$47,300,000	-\$24,000,000
	HOSPITAL FINANCING SUBTOTAL	\$3,509,622,000	\$640,020,500	\$3,241,891,000	\$475,520,500	-\$267,731,000	-\$164,500,000
	<u>SUPPLEMENTAL PMNTS.</u>						
92	CAPITAL PROJECT DEBT REIMBURSEMENT	\$127,945,000	\$63,972,500	\$103,854,000	\$50,927,000	-\$24,091,000	-\$13,045,500
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$0	\$130,000,000	\$0	\$5,000,000	\$0
94	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
95	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$65,000,000	\$0	\$65,000,000	\$0	\$0	\$0
96	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$44,530,000	\$22,265,000	\$0	\$0
97	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,800,000	\$0	\$39,700,000	\$0	\$1,900,000	\$0
98	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$12,500,000	\$6,250,000	\$10,000,000	\$5,000,000	-\$2,500,000	-\$1,250,000
99	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$520,775,000	\$146,487,500	\$501,084,000	\$132,192,000	-\$19,691,000	-\$14,295,500
	<u>OTHER</u>						
111	HEALTHY FAMILIES - CDMH	\$25,034,000	\$0	\$28,071,000	\$0	\$3,037,000	\$0
112	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$0	\$0	-\$18,105,000	-\$9,052,500
115	MINOR CONSENT SETTLEMENT	\$9,098,000	\$9,098,000	\$8,728,000	\$8,728,000	-\$370,000	-\$370,000
119	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2007-08 AND 2008-09**

NO.	POLICY CHANGE TITLE	NOV. 2007 EST. FOR 2007-08		NOV. 2007 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
121	ESTATE RECOVERY REGULATIONS	\$819,000	\$409,500	\$819,000	\$409,500	\$0	\$0
122	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
123	INDIAN HEALTH SERVICES	\$0	-\$6,000,000	\$0	-\$6,000,000	\$0	\$0
124	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$36,000,000	\$0	\$12,000,000	\$0	-\$24,000,000
125	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
126	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$46,730,000	-\$23,365,000	-\$46,730,000	-\$23,365,000	\$0	\$0
127	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$67,000,000	\$0	\$52,000,000	\$0	-\$15,000,000
128	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0
129	ANTI-FRAUD EXPANSION FOR FY 2008-09	\$0	\$0	-\$29,929,390	-\$14,964,690	-\$29,929,390	-\$14,964,690
130	MEDICAL SUPPORT ENHANCEMENTS	-\$704,130	-\$352,060	-\$2,005,390	-\$1,002,700	-\$1,301,260	-\$650,630
131	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$1,006,420	-\$503,210	-\$1,986,000	-\$993,000	-\$979,590	-\$489,790
132	DENTAL RETROACTIVE RATE CHANGES	-\$2,286,000	-\$1,143,000	\$0	\$0	\$2,286,000	\$1,143,000
133	EDS COST CONTAINMENT PROJECTS	-\$7,672,660	-\$3,836,330	-\$7,360,000	-\$3,680,000	\$312,660	\$156,330
134	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$26,368,000	-\$13,184,000	-\$58,721,000	-\$29,360,500	-\$32,353,000	-\$16,176,500
138	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$35,816,000	\$0	\$44,000,000	\$0	\$8,184,000	\$0
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$330,000,000	-\$165,000,000	\$0	\$0	\$330,000,000	\$165,000,000
142	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$8,400,000	-\$4,200,000	-\$100,200,000	-\$50,100,000	-\$91,800,000	-\$45,900,000
160	REDUCTION TO PERSONAL CARE SERVICES (MISC. SV	\$0	\$0	-\$201,579,000	\$0	-\$201,579,000	\$0
161	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-CD/	\$0	\$0	-\$6,063,000	\$0	-\$6,063,000	\$0
163	REDUCTION TO DEVEL. CTRS/STATE OP. SMALL FAC.	-\$794,000	\$0	-\$7,258,000	\$0	-\$6,464,000	\$0
164	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	\$0	\$0	-\$95,221,000	\$0	-\$95,221,000	\$0
	OTHER SUBTOTAL	-\$334,089,200	-\$95,023,600	-\$474,434,780	-\$55,328,390	-\$140,345,570	\$39,695,210
	GRAND TOTAL	\$3,815,564,780	\$492,031,880	\$1,439,869,140	-\$589,781,240	-\$2,375,695,650	-\$1,081,813,120

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$34,877,360	\$8,522,980	\$332,122,310	\$70,084,010	\$5,105,920	\$65,930
OTHER MEDICAL	\$69,329,080	\$15,874,660	\$458,674,300	\$170,542,570	\$7,497,570	\$255,780
COUNTY OUTPATIENT	\$1,451,680	\$721,360	\$35,217,580	\$6,122,790	\$111,580	\$30
COMMUNITY OUTPATIENT	\$21,942,980	\$3,685,540	\$204,841,640	\$40,705,240	\$1,196,210	\$13,210
PHARMACY	\$55,665,010	\$21,275,740	\$1,096,269,430	\$86,788,130	\$9,939,420	\$245,060
COUNTY INPATIENT	\$6,560,650	\$1,712,070	\$138,154,410	\$23,854,290	\$1,152,620	\$1,260
COMMUNITY INPATIENT	\$168,324,930	\$29,183,230	\$1,097,581,510	\$227,299,230	\$26,550,330	\$100,320
NURSING FACILITIES	\$440,561,580	\$26,286,290	\$669,661,480	\$2,345,350	\$1,888,843,820	\$7,236,840
ICF-DD	\$456,510	\$9,644,630	\$186,801,060	\$610,360	\$23,524,120	\$3,757,360
MEDICAL TRANSPORTATION	\$14,708,790	\$4,451,150	\$56,352,620	\$4,434,160	\$4,120,420	\$114,840
OTHER SERVICES	\$135,026,560	\$12,109,820	\$467,230,560	\$39,646,490	\$61,533,860	\$288,240
HOME HEALTH	\$100,010	\$10,502,150	\$81,241,760	\$3,914,600	\$1,290	\$0
FFS SUBTOTAL	\$949,005,120	\$143,969,620	\$4,824,148,670	\$676,347,210	\$2,029,577,170	\$12,078,880
DENTAL	\$19,086,530	\$1,138,060	\$44,210,540	\$57,095,640	\$4,183,930	\$17,510
TWO PLAN MODEL	\$21,375,510	\$6,312,730	\$516,020,380	\$788,175,630	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$128,517,640	\$12,680,670	\$480,516,240	\$151,453,880	\$283,372,450	\$569,250
GEOGRAPHIC MANAGED CARE	\$3,532,540	\$511,290	\$35,139,420	\$167,787,210	\$0	\$0
PHP & OTHER MANAG. CARE	\$73,868,770	\$2,292,400	\$100,335,860	\$8,866,070	\$46,378,830	\$139,650
EPSDT SCREENS	\$0	\$0	\$0	\$13,332,580	\$0	\$0
MEDICARE PAYMENTS	\$1,035,261,870	\$55,872,820	\$1,552,057,900	\$0	\$142,706,090	\$1,833,310
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,275,300	\$1,867,820	\$62,747,810	\$2,630,090	\$5,407,250	\$333,670
MISC. SERVICES	\$524,880,890	\$31,296,590	\$2,122,816,720	\$1,414,490	\$0	\$0
NON-FFS SUBTOTAL	\$1,807,799,050	\$111,972,370	\$4,913,844,870	\$1,190,755,600	\$482,048,560	\$2,893,380
TOTAL DOLLARS (1)	\$2,756,804,170	\$255,941,990	\$9,737,993,540	\$1,867,102,800	\$2,511,625,730	\$14,972,260
ELIGIBLES ***	400,900	23,400	932,600	1,178,800	47,800	200
ANNUAL \$/ELIGIBLE	\$6,877	\$10,938	\$10,442	\$1,584	\$52,544	\$74,861
AVG. MO. \$/ELIGIBLE	\$573	\$911	\$870	\$132	\$4,379	\$6,238

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,801,100	\$59,846,470	\$758,650	\$69,799,960	\$306,672,770	\$34,132,120
OTHER MEDICAL	\$6,459,840	\$86,994,370	\$2,489,830	\$126,813,400	\$455,534,970	\$76,066,040
COUNTY OUTPATIENT	\$432,010	\$5,838,410	\$69,230	\$14,335,020	\$28,274,890	\$3,015,820
COMMUNITY OUTPATIENT	\$1,082,960	\$21,976,790	\$153,600	\$34,548,230	\$113,474,310	\$13,904,820
PHARMACY	\$14,447,110	\$90,203,520	\$746,170	\$106,358,590	\$149,748,010	\$43,332,980
COUNTY INPATIENT	\$15,376,690	\$22,098,950	\$712,680	\$168,655,440	\$205,809,040	\$16,152,040
COMMUNITY INPATIENT	\$41,673,530	\$149,440,150	\$2,814,830	\$344,871,650	\$1,118,304,790	\$114,664,960
NURSING FACILITIES	\$460,391,910	\$249,795,540	\$1,767,440	\$69,424,470	\$20,587,730	\$8,525,290
ICF-DD	\$179,201,510	\$82,160	\$0	\$7,244,340	\$751,970	\$2,765,760
MEDICAL TRANSPORTATION	\$2,422,280	\$11,728,120	\$362,490	\$14,207,990	\$11,438,150	\$1,602,450
OTHER SERVICES	\$13,355,220	\$115,690,190	\$530,980	\$83,180,680	\$109,525,720	\$13,575,850
HOME HEALTH	\$37,100	\$652,930	\$62,540	\$46,140,500	\$9,465,020	\$6,590,530
FFS SUBTOTAL	\$741,681,250	\$814,347,600	\$10,468,450	\$1,085,580,270	\$2,529,587,370	\$334,328,690
DENTAL	\$1,260,430	\$10,377,520	\$28,930	\$5,372,010	\$136,485,980	\$19,226,980
TWO PLAN MODEL	\$0	\$23,237,780	\$135,680	\$28,788,120	\$1,552,570,420	\$31,573,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$107,089,160	\$73,458,590	\$277,560	\$74,425,380	\$418,343,050	\$20,596,570
GEOGRAPHIC MANAGED CARE	\$0	\$2,091,630	\$0	\$1,859,230	\$211,211,970	\$5,339,630
PHP & OTHER MANAG. CARE	\$10,523,580	\$37,539,620	\$54,420	\$10,997,210	\$21,221,020	\$1,607,760
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$33,015,800	\$2,452,190
MEDICARE PAYMENTS	\$33,873,090	\$262,434,610	\$1,952,830	\$167,329,950	\$14,701,510	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$164,773,180	\$333,360	\$166,680	\$980,880	\$4,990,660	\$726,790
MISC. SERVICES	\$0	\$285,386,250	\$795,670	\$257,945,150	\$3,563,110	\$268,680
NON-FFS SUBTOTAL	\$317,519,440	\$694,859,360	\$3,411,780	\$547,697,910	\$2,396,103,510	\$81,792,010
TOTAL DOLLARS (1)	\$1,059,200,690	\$1,509,206,970	\$13,880,230	\$1,633,278,180	\$4,925,690,880	\$416,120,700
ELIGIBLES ***	15,200	239,200	600	129,400	2,871,300	210,100
ANNUAL \$/ELIGIBLE	\$69,684	\$6,309	\$23,134	\$12,622	\$1,715	\$1,981
AVG. MO. \$/ELIGIBLE	\$5,807	\$526	\$1,928	\$1,052	\$143	\$165

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,925,870	\$791,460	\$30,429,000	\$187,518,690	\$4,217,780	\$4,608,270
OTHER MEDICAL	\$2,203,720	\$1,220,330	\$45,626,310	\$183,337,170	\$15,529,670	\$9,679,950
COUNTY OUTPATIENT	\$297,560	\$202,310	\$4,472,870	\$8,106,710	\$516,790	\$460,930
COMMUNITY OUTPATIENT	\$930,780	\$140,460	\$8,048,130	\$27,259,440	\$2,609,590	\$2,906,600
PHARMACY	\$2,705,430	\$894,880	\$14,868,220	\$15,224,580	\$2,547,980	\$4,474,570
COUNTY INPATIENT	\$2,159,820	\$14,400	\$52,829,300	\$57,580,970	\$825,120	\$1,316,800
COMMUNITY INPATIENT	\$8,174,640	\$326,950	\$130,117,210	\$426,818,140	\$10,160,030	\$13,064,620
NURSING FACILITIES	\$40,734,440	\$0	\$19,672,220	\$0	\$0	\$0
ICF-DD	\$2,322,600	\$0	\$602,590	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$216,770	\$15,490	\$2,835,690	\$1,668,020	\$329,110	\$242,330
OTHER SERVICES	\$709,890	\$73,350	\$3,154,350	\$12,596,330	\$4,165,260	\$3,532,640
HOME HEALTH	\$21,300	\$490	\$117,860	\$936,320	\$371,410	\$590,850
FFS SUBTOTAL	\$63,402,830	\$3,680,120	\$312,773,750	\$921,046,370	\$41,272,760	\$40,877,580
DENTAL	\$159,130	\$669,060	\$60,490	\$133,970	\$7,263,450	\$7,700,640
TWO PLAN MODEL	\$1,771,870	\$1,146,030	\$0	\$36,279,810	\$57,204,980	\$47,888,500
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,861,470	\$248,730	\$2,691,400	\$20,869,860	\$23,985,700	\$17,113,280
GEOGRAPHIC MANAGED CARE	\$47,430	\$212,620	\$0	\$7,610,380	\$12,904,960	\$9,738,940
PHP & OTHER MANAG. CARE	\$21,810	\$0	\$0	\$1,336,250	\$698,220	\$596,880
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,165,450	\$974,880
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$457,490	\$0	\$182,760	\$643,030	\$0	\$95,250
MISC. SERVICES	\$3,220	\$0	\$0	\$196,740	\$23,700	\$19,800
NON-FFS SUBTOTAL	\$5,322,450	\$2,276,440	\$2,934,650	\$67,070,050	\$103,246,470	\$84,128,170
TOTAL DOLLARS (1)	\$68,725,280	\$5,956,560	\$315,708,400	\$988,116,420	\$144,519,230	\$125,005,750
ELIGIBLES ***	3,000	2,600	72,700	219,600	112,000	104,400
ANNUAL \$/ELIGIBLE	\$22,908	\$2,291	\$4,343	\$4,500	\$1,290	\$1,197
AVG. MO. \$/ELIGIBLE	\$1,909	\$191	\$362	\$375	\$108	\$100

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,159,280,660
OTHER MEDICAL	\$1,734,129,560
COUNTY OUTPATIENT	\$109,647,590
COMMUNITY OUTPATIENT	\$499,420,530
PHARMACY	\$1,715,734,850
COUNTY INPATIENT	\$714,966,560
COMMUNITY INPATIENT	\$3,909,471,030
NURSING FACILITIES	\$3,905,834,410
ICF-DD	\$417,764,960
MEDICAL TRANSPORTATION	\$131,250,910
OTHER SERVICES	\$1,075,925,990
HOME HEALTH	\$160,746,670
FFS SUBTOTAL	\$15,534,173,720
DENTAL	\$314,470,790
TWO PLAN MODEL	\$3,112,480,870
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,819,070,900
GEOGRAPHIC MANAGED CARE	\$457,987,250
PHP & OTHER MANAG. CARE	\$316,478,360
EPSDT SCREENS	\$50,940,890
MEDICARE PAYMENTS	\$3,268,024,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,612,000
MISC. SERVICES	\$3,228,611,000
NON-FFS SUBTOTAL	\$12,815,676,060
TOTAL DOLLARS (1)	\$28,349,849,780
ELIGIBLES ***	6,563,800
ANNUAL \$/ELIGIBLE	\$4,319
AVG. MO. \$/ELIGIBLE	\$360

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

EXCLUDED POLICY CHANGES: 35

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
9	BCCTP RETROACTIVE COVERAGE
13	STATE-FUNDED KINGAP
31	CDSS SHARE OF COST PAYMENT FOR IHSS
45	FAMILY PACT DRUG REBATES
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS
75	HOSP FINANCING - DSH PMT
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
77	HOSP FINANCING - SAFETY NET CARE POOL
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
81	HOSP FINANCING - STABILIZATION FUNDING
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND
85	HOSP FINANCING - CCS AND GHPP
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
90	BASE ADJUSTMENT - DPH INTERIM RATE
91	HOSP FINANCING - DPH RATE RECONCILIATION
92	CAPITAL PROJECT DEBT REIMBURSEMENT
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
94	IGT FOR NON-SB 1100 HOSPITALS
96	FFP FOR LOCAL TRAUMA CENTERS
97	CERTIFICATION PAYMENTS FOR DP-NFS
98	DSH OUTPATIENT PAYMENT METHOD CHANGE
99	SRH OUTPATIENT PAYMENT METHOD CHANGE
108	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
111	HEALTHY FAMILIES - CDMH
115	MINOR CONSENT SETTLEMENT

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

EXCLUDED POLICY CHANGES: 35

132	DENTAL RETROACTIVE RATE CHANGES
136	UNSPECIFIED BUDGET REDUCTION
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008

ESTIMATED COST OF 1% RATE INCREASE FISCAL YEAR 2008-09

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2008 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,159,280,660	0.9660	\$11,198,650	\$5,514,690	0.9167	0.7995	\$8,207,190	\$4,041,570
OTHER MEDICAL	\$1,734,129,560	0.9760	\$16,925,100	\$8,601,490	0.9167	0.8272	\$12,834,230	\$6,522,470
COUNTY OUTPATIENT	\$109,647,590	0.9600	\$1,052,620	\$377,020	0.9167	0.7865	\$758,930	\$271,830
COMMUNITY OUTPATIENT	\$499,420,530	0.9100	\$4,544,730	\$2,176,330	0.9167	0.7994	\$3,330,390	\$1,594,820
PHARMACY	\$1,715,734,850	0.0793	\$1,361,260	\$718,530	0.9167	0.9337	\$1,165,100	\$614,980
COUNTY INPATIENT	\$714,966,560	1.0000	N/A	N/A	0.9167	0.6108	N/A	N/A
COMMUNITY INPATIENT	\$3,909,471,030	1.0000	N/A	N/A	0.9167	0.7569	N/A	N/A
NURSING FACILITIES	\$3,905,834,410	1.1578	\$45,221,360	\$22,828,260	0.9167	0.8630	\$35,775,910	\$18,060,090
ICF-DD	\$417,764,960	1.1578	\$4,836,840	\$2,427,640	0.9167	0.9157	\$4,060,210	\$2,037,840
MEDICAL TRANSPORTATION	\$131,250,910	0.9660	\$1,267,880	\$681,820	0.9167	0.8336	\$968,810	\$520,990
OTHER SERVICES	\$1,075,925,990	0.9540	\$10,264,330	\$4,389,670	0.9167	0.8214	\$7,729,000	\$3,305,400
HOME HEALTH	\$160,746,670	0.9800	\$1,575,320	\$791,740	0.9167	0.8065	\$1,164,680	\$585,350
DENTAL	\$314,470,790	0.9990	\$3,141,560	\$1,667,110	0.9167	1.0000	\$2,879,770	\$1,528,180
MENTAL HEALTH	\$1,298,766,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$3,112,480,870	1.0000	\$31,124,810	\$15,621,840	0.9167	1.0000	\$28,531,070	\$14,320,020
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,819,070,900	1.0000	\$18,190,710	\$9,137,530	0.9167	1.0000	\$16,674,820	\$8,376,070
GEOGRAPHIC MANAGED CARE	\$457,987,250	1.0000	\$4,579,870	\$2,287,820	0.9167	1.0000	\$4,198,220	\$2,097,170
PHP & OTHER MANAG. CARE	\$316,478,360	1.0000	\$3,164,780	\$1,597,960	0.9167	1.0000	\$2,901,050	\$1,464,790
AUDITS/ LAWSUITS	\$2,865,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$50,940,890	1.0000	\$509,410	\$251,950	0.9167	1.0000	\$466,960	\$230,950
MEDICARE PAYMENTS (4)	\$3,268,024,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,612,000	0.9782	\$2,422,120	\$0	0.9167	1.0000	\$2,220,270	\$0
MISC. SERVICES	\$3,228,611,000	1.0000	\$32,286,110	\$135,320	0.9167	1.0000	\$29,595,600	\$124,040
RECOVERIES	-\$296,091,390	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TOTAL	\$29,355,389,390		\$193,667,470	\$79,206,710 (3)			\$163,462,190	\$65,696,580

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.
 Adjustment factor for Dental services due primarily to prior year reconciliations.
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.